Family Integrity Program 2012 - 2013
Quality Assurance Overview

The St. Johns County Board of County Commissioners Family Integrity Program (FIP) system of Quality Control, Quality Assurance and Performance Quality Improvement is designed to ensure services are provided to children and families consistent with the DCF contract and service delivery model, and in compliance with state and federal law, administrative rule, and DCF operating procedures. Additionally, FIP employs the concepts of Total Quality Management (TQM) in evaluating and improving the system in a shared decision-making model. In the TQM model, crises and reactive thinking are replaced by ongoing, data-driven evaluation and planning at the case and system levels.

The responsibility for FIP’s Quality Assurance and Performance Quality Improvement efforts reside with the St. Johns County Health and Human Services Director, the FIP Program Manager and the FIP Quality Assurance Compliance Coordinator. The Quality Assurance Compliance Coordinator supervises staff dedicated to quality operations, assurance and improvement activities. This unit staff includes one (1) Quality Assurance Compliance Coordinator with two (2) Compliance Specialists who are trained and certified in the quality assurance review process. Additionally, FIP has supervisory staff designated as ICPC Specialist and Missing Children Specialist who work in conjunction with the Quality Assurance and Performance Quality Improvement team. During the next period, QA staff works will begin the Quality Services Review (QSR) protocol. This was implemented on July 1, 2011. The debriefing of the QSR includes Case Managers and Supervisors. The program manager will receive a report of all the findings. These staffs' efforts are supported by the St. Johns County Health and Human Services and Executive Management Team.

Overall, the FIP Quality Assurance and Quality Improvement process involves staff across all levels throughout FIP and the St. Johns County Health and Human Services Department. Staff continuously gather and analyze data to make improvements to services and processes when compliance is not met or when safety/security issues arise. FIP promotes the philosophy that everyone is a member of the Quality
Assurance and Performance Quality Improvement team, including stakeholders, families, children, caregivers, foster parents and FIP staff at all levels. FIP works collaboratively with community stakeholders (including DCF, service providers, and child and family representatives) to define the indicators of success; review and enhance the quality management data collection and reporting system/process; and periodically review performance and institute changes at the system and case levels, ensuring continual improvement.

FIP has a centralized yet program specific data collection system used to support the quality management system. Data is analyzed at least quarterly by FIP to support organization-wide planning and correction of problem areas.

FIP tracks and reports to DCF Regional Administration, St. Johns County Health and Human Services Executive Team, and FIP Management and Supervisors, client outcome data consistent with the federal ASFA domains, and CFSR and other state mandates, as they arise, including the specific performance measures outlined in the contract with DCF. FIP also examines satisfaction data from children and families, providers, the courts, DCF and other community stakeholders to identify and remedy areas of weakness or concern. In addition, FIP identifies and assesses overall system performance through data analysis relative to access to and the quality, efficiency and effectiveness of services.

FIP’s quality improvement process includes the full participation of stakeholders (i.e. services providers, foster parents, adoptive parents, and caregivers) and assesses performance of FIP itself. The FIP internal quality improvement process includes, but is not limited to:

- A plan for quality improvement which is clear, concise, accurate and provides direction for end users and management;

- Evaluation of FIP internal processes for compliance with Department contract requirements

- Evaluation of FIP internal processes for compliance with statute, rule, regulation, and policy;

- Evaluation of client and stakeholder satisfaction

- Responding to special requests from the DCF Quality Assurance Department as they take “point in time” surveys as to how the Community Bases Care agencies statewide address issues in service delivery.

FIP engages all consumers in an ongoing evaluation of the project and services, and encourages input and shared-decision making in a community-based model to provide direction for improvement processes.
1. Focus on Coordination

**Unit Supervisory Discussions.** Describe how the lead agency will use the supervisory discussion guide. Also, describe whether the documentation of the discussions will be made available to the circuit/region and if so, how [to be determined in collaboration with circuit/region]:

The Dependency Case Manager Supervisor shall use the Supervisory Discussion Guide to facilitate the supervisory discussion with the Dependency Case Manager. The Dependency Case Manager Supervisor may utilize the questions on the tool most relevant to the case and discussion at the time. Not all questions on the tool must be answered; however, the supervisor must keep in mind the tool is to be used to:

a. Guide discussion of the case;

b. Ensure the elements of safety, permanency and well-being are being addressed for all children via proper case management procedures;

c. Assist the supervisor in being a mentor to the Dependency Case Manager by allowing them to provide proper guidance and support; and,

  d. Assist in ensuring the minimum requirements for case supervision are properly addressed:

    i. Permanency goal
    ii. Progress and Barriers to permanency
    iii. Tasks and who is responsible
    iv. Follow-up on tasks
    v. Emerging risk and Safety Concerns

By utilizing the tool to guide discussions and assist with ensuring a-d above are completed, the nature and purpose of the supervisory review is focused on supporting the Dependency Case Manager who can then support the children and families served. Providing adequate support and supervision to the Dependency Case Managers will enhance the counselors’ abilities and lead to enhanced services to children and families.

1. At least once a quarter, 100% of an individual Dependency Case Manager’s (DCM) assigned children will be staffed in supervision by the Dependency Case Manager Supervisor (DCMS) to ensure child safety, well-being, and permanency are being addressed for every child.

2. Within 10 business days of an ESI staffing, an FIP Case Management Supervisor will review the case and document the initial supervisory review in FSFN.

3. The Dependency Case Manager Supervisor shall complete all supervisory reviews and enter all chronological notes into the Florida Safe Families Network (FSFN) within 48 hours of the completed supervisor review.
4. At a minimum, the following will be documented quarterly in FSFN chronological notes for each child assigned:
   - Date of Supervision and Individuals Present
   - Permanency Goal
   - Progress and Barriers to Permanency
   - Tasks and the Person Responsible
   - Follow-up onTasks from prior supervisor reviews
   - Emerging Risk and Safety Concerns

The supervisor may cut and paste the information from the Supervisory Discussion Guide into the FSFN note or type the information in the FSFN note.

The Dependency Case Manager Supervisor must input a note into FSFN with a heading of “supervisory review.” Each child reviewed must be selected as a subject of the note for the review to count toward the quarterly supervision requirement.

5. A quarterly supervisory review is required on all cases open 30 days or more in any given quarter.

6. On a quarterly basis, the FIP Quality Assurance Team will gather data regarding completed supervisory reviews. The data gathered will include:
   a. Number and percent of supervisory reviews completed by the Dependency Case Manager Supervisor
   b. Number and percent of supervisory reviews completed by the agency

7. On a quarterly basis, the FIP Quality Assurance Team will randomly select a total five Supervisory Review notes per Dependency Case Manager and conduct a qualitative review. The data gathered will include:
   a. Percent of compliance by the supervisor with quality of the reviews of the data related notes including discussions of but are not limited to:
      i. Permanency goal
      ii. Progress and barriers to permanency
      iii. Tasks and who is responsible
      iv. Follow-up on tasks
      v. Independent Living Referrals and Services
      vi. Collaboration with Department of Juvenile Justice and documentation of joint planning activities

8. Unit supervisors not meeting the qualitative review elements, i.e., focusing on presenting concerns, identifying progress and barriers to permanency, identifying needed follow-up and tracking to completion, will be required to submit action plans for performance improvement.

9. FIP will, as requested, provide performance data to DCF and the St. Johns County Health and Human Services Executive Team.
CBC QA. Describe how the lead agency (and as appropriate, subcontractors and region staff) will prepare for and conduct the base, side-by-side and in-depth reviews. This includes defining the various roles of the reviewers and facilitator for the review and how reviewers and facilitators will be selected. Note: the sampling and conducting of in-depth reviews is the responsibility of the region, but these three activities should be coordinated.

**Base Reviews** - Case Management Agency Monitoring is designed to evaluate the quality of case management practices and processes utilized in service delivery. The goal is to ensure completion of case practice activities, adherence to best practice standards, and quality services for the children and families served.

1. FIP will use the state approved CBC Quality Services Review In-depth Services Review Protocol (QSR) to conduct two Quality Service Reviews (QSR) quarterly. The review tool is comprised of 21 indicators which rate Child and Family status and Practice Performance. When summarized, these indicators will provide data specific to these outcomes. The base review information will be entered into the DCF Web Portal QA system database.

2. FIP conducts a Quality Performance Standards (QPS) Review of 15 client cases randomly selected from the quarterly extract provided by the Headquarters Family Safety Program Office.

3. In addition to the QPS and QSR Reviews, FIP will also select 10 more cases in order to assess practice in an identified category using the QPS questions related to that category. For these cases, only the applicable standard will be applied.
   - Quarter 1 – Psychotropic medications (Standards 35.5, 36.5, 37.5, 46.6, 67, 72)
   - Quarter 2 – Independent Living (Standards 44, 45, 46, 47, 58, 59)
   - Quarter 3 – Adoptions (Standards 5, 6, 7, 9)
   - Quarter 4 – Assessments (Standards 42, 43)
   - Quarter 4 – Education (Standards 45, 58, 59, 60)

4. The FIP Compliance Team will serve as the lead for the Reviews. Reviews will be completed by the Compliance Specialists. In the event additional assistance is needed unit supervisors and/or certified QA Reviewers may be asked to participate.

5. FIP will ensure when assigning a case file for review, the reviewer does not have any direct involvement with the management or supervision of the case for the entire period under review.

6. All staff who conduct Reviews must complete the DCF and/or FIP approved statewide or region training before participating in a review.

7. All Reviews will be completed by the end of the quarter in which the case was assigned for review.
8. FIP will compile and analyze the data obtained from the Review. The data will document the degree of compliance with each standard, and be summarized at the individual unit level and for all units to reflect the overall system of care. This information is presented formally at the Quality Service Review quarterly meeting.

9. Quarterly compliance reports will include both summary and detailed data, and will be provided to Circuit Administration, Case Management Units, and the St. Johns County Health and Human Services Director.

10. Each Case Management Unit is responsible for addressing deficiencies and items that warrant Performance Quality Improvement activities.

11. FIP will work closely with the NE Region Quality Management staff to ensure a complete understanding of the case file review process.

12. FIP Quality Assurance Manager and Quality Assurance Specialists will provide technical assistance to the Case Management Units.

Psychotropic Medications and Children in Out-Of-Home Care

FIP will continue to utilize the DCF approved tracking system to track all Requests For Action (RFAs) that have been submitted for cases reviewed. RFAs will be cleared by FIP once all documentation has been submitted to the Compliance Team.

The FIP Case Management Supervisors or designee is responsible for tracking the medication treatment plans, parental consent and court orders for all children on psychotropic medications in out-of-home care. This individual is responsible for coordinating with the FIP QA team to provide requested information as needed.

The FIP Program Manager or designee is the single point of contact to assist with coordinating, analyzing, and initiating actions related to the mental/behavioral health of all children in out-of-home care on psychotropic medications.

The Quality Assurance Unit will periodically generate reports to ascertain if all the requirements for prescriptions and consents are being met in a timely fashion. This will be reported to the CQI team during the monthly meeting or sooner if discrepancies are identified.

Executive Management and Region Discretionary Reviews. Describe how the lead agency will work with the region to respond to special review requests.

FIP works well with DCF Executive and Regional Management and the St. Johns County Health and Human Services Director to resolve issues when they arise, and provide information needed in a timely and efficient manner. FIP works in conjunction with DCF to address client complaints. Complaints may surface at the local level, both internally at FIP or with the DCF Regional Community Relations staff or may be surfaced at the State level to the Offices of the Secretary and/or Governor.
Regardless of where the complaint is received FIP works to resolve the complaint by reviewing the information in the complaint, gathering factual information regarding the circumstances of the case and situation and reviewing the situation to determine if appropriate action was taken to resolve the issues. At times, case summaries are required to provide a “full picture” of the case beginning with the service initiation date through the current date, including the events related to the issues in the complaint. From this summary, a formal written response is provided to the complainant.

When possible and appropriate, many complaints are resolved with telephone calls, email correspondence, and letters rather than detailed summaries. Some community complaints may be addressed through the St. Johns County PRIDE System and proceed through the St. Johns County Health and Human Services Director. This process has led to a number of teaching and learning experiences focused on improving the quality of casework and services to children and families.

FIP responds to other discrentional reviews in a manner similar to that of the complaint review process. When a request for information is received, FIP processes the request to determine who the best respondent would be from among the staff within FIP.

FIP will continue to work in partnership with DCF Circuit Administration and Regional Management to respond to special review requests.

- **Special Reviews.** Special Reviews shall be completed as directed by Regional Administration or the DCF Office of Family Safety. Reviews may include, Independent Living, DJJ Crossover Youth, Psychotropic Medication, Placement Stability, and any other review deemed necessary by the State of Florida.

FIP will continue to work in partnership with DCF Regional Administration; Regional Management and the DCF Quality Assurance Unit to respond to special review requests.

- **Local Review Schedule.** Provide a schedule for the upcoming fiscal year (2012/13) that shows when standard QA activities will occur (for example, the quarterly or semi-annually base reviews and side-by-side reviews). Include other events that affect quality tasks or represent local milestones or opportunities for coordinating quality processes (for example, quarterly regional/circuit performance meetings, CBC board of director performance reports, circuit Child Protective Investigation quality assurance reviews that will need region staff time, etc.).

- **Quality Service Reviews:**
  - Each quarter beginning July – Sep 2012 fifteen (15) QPS reviews, two (2) QSR and ten (10) Special Area QPS reviews will be completed. The cases to be reviewed will be selected randomly.
• **Bi-Monthly Meetings with local DCF Supervisors:**
  o FIP Management/Supervisors meet with the local DCF Supervisors every other month to address concerns relating to the transfer of cases from investigations to services.

• **Quarterly Meetings with Regional Administrator to Review CBC Performance:**
  o FIP Management and DCF Contract Specialists, Regional Administrator and other staff meet quarterly to discuss performance measures, correction action plans, the DCF Score Card, and any other concerns, unless the Circuit Administrator and/or the FIP Director’s schedules do not permit.

• **Third Party Review**
  o The St. Johns County Health and Human Services Department Family Integrity Program has entered into an agreement with the Kids First of Florida CBC Quality Assurance Department to participate in reviews of selected QSR reviewed cases to ascertain uniformity and give suggestions from an objective outside reviewer. It is anticipated that this relationship will continue in ensuing years.

• **Circuit 7 Community Alliance Meetings:**
  o These meetings occur quarterly in Circuit 7 unless cancelled due to lack of a quorum.
  o FIP Program Manager is the current Parliamentarian for the Circuit 7 Community Alliance.

  

2. **Focus on Results**

• **Quality Improvement Standards and Process.** The CBC QA plan should address the following.

  1. Describe how the CBC will track and report on its performance on contract measures. Describe what data sources will be used and how the performance will be communicated to management, the Board and stakeholders.

The FIP Quality Assurance staff will monitor and utilize the FSFN report system for the purpose of collecting and reporting data on performance indicators and outcome measures on a monthly, quarterly, and annual basis. The elements and minimum frequency are outlined below and subject to change.

**Performance Measures:**

1. Percent of children served in out-of-home care who are not maltreated by their out-of-home caregiver (FS106)

   a. Data collected via:
      i. DCF Dashboard
      ii. FSFN Report(s)
2. Percent of children removed within 12 months of a prior reunification (FS302) (quarterly)

   a. Data collected via:
      
      i. DCF Dashboard

3. Percent of children reunified within 12 months of latest removal episode (FS301) (quarterly)

   a. Data collected via:
      
      i. DCF Dashboard
      
      ii. Florida Mental Health Institute’s Website – Florida’s Center for the Advancement of Child Welfare Practice – CBC Performance on Federal Performance Measures database
          (http://centerforchildwelfare.fmhi.usf.edu/kb/cbcla/cbcdata.aspx)

4. Percentage of children with no more than 2 placements with 12 months of removal (FS306) (quarterly)

   a. Data collected via
      
      i. DCF Dashboard
      
      ii. Florida Mental Health Institute’s Website – Florida’s Center for the Advancement of Child Welfare Practice – CBC Performance on Federal Performance Measures database
          http://centerforchildwelfare.fmhi.usf.edu/kb/cbcla/cbcdata.aspx
      
      iii. FSFN Report(s)

5. Percent of children with finalized adoptions within 24 months of latest removal (FS303) (quarterly)

   a. Data collected via
      
      i. DCF Dashboard
      
      ii. FSFN Report(s)

6. Number of adoption goal met (MO5084) (Monthly)

   a. Data collected via:
      
      i. DCF Dashboard
      
      ii. FSFN Report(s)
7. The percent of children in out-of-home care 24 months or longer on July 1 who achieved permanency prior to their 18th birthday
   a. Data collected via
      i. DCF Dashboard
      ii. FSFN Report(s) and/or Webportal

8. The percent of children under supervision who are required to be seen every 30 days, who are seen every 30 days.
   a. Data Collected via
      i. DCF Dashboard
      ii. FSFN Report(s) and/or Webportal

**Scorecard**

The Family Integrity Program utilizes the DCF created “Scorecard” for Continuous Quality Improvement purposes. This tool was initiated during the 2011-2012 period and rates improvement from an initial agency baseline as well as rank orders each CBC with regards to their level of compliance and service delivery. The scorecard utilizes the performance measures listed above. The scorecard is reviewed monthly by the FIP staff as well as the Executive team and is a very important tool that is evaluated during the quarterly FIP-DCF partnership meetings

**Quality and Risk Elements:**

1. Supervisory Reviews (quarterly)
   a. Data collected via:
      i. FSFN chronological notes
      ii. FIP QA staff run report utilizing information entered into FSFN regarding supervisory reviews completed
      iii. Random selection of five notes per supervisor for quality review

2. Exit Interviews
   a. Data collected via:
      i. Exit interviews are collected by the Licensing Team Specialist and reviewed at the time they are generated. Each exit interview is reviewed by the Licensing Specialist who is assigned to that home. The QA Compliance Coordinator reviews the exit interviews for
each at the time of the “Attestation” for the re-licensing of the foster home.

3. Incident Reports (monthly)
   a. Data collected via:
      i. FIP manually collected spreadsheet – maintained by FIP Program Manager.

4. Foster Home Licensing Report (monthly)
   a. Data collected via:
      i. Monthly report manually collected by licensing staff

5. Birth Verification Compliance (monthly)
   a. Data collected via:
      i. FSFN report(s)

6. Photograph Compliance (monthly)
   a. Data collected via:
      i. FSFN report(s)

7. Finger Prints Compliance (monthly)
   a. Data collected via:
      i. FSFN report(s)

FIP utilizes the data collected regarding the performance measures and works with the Case Management Units to identify and address areas in need of improvement. This partnered approach is designed to look at issues related to quality and performance at the case level. By looking at issues at the case level progress can be made for individual children and families and over time for the system as a whole. Identifying issues at the case level has resulted in a more focused approach to performance improvement. From this case specific information trends are identified and action steps put into place to address both case specific and systemic issues.

FIP completes a monthly report on FIP’s compliance with each of the contracted performance measures. This report compares compliance from one month/quarter to the next, identifies if FIP is in compliance with each of the measures and addresses specific action plans to address areas in need of improvement. Action plans are based on shared data review initiatives and on analysis and work done with the case management agencies as described in the paragraph above. This report is provided to DCF and the Circuit 7 Community Alliance.
FIP and the St. Johns County Health and Human Services Executive Team has developed a HHS Balanced Scorecard and have established a set of strategic plans for the years 2012 through 2017. The strategic plan for 2012 and forward has been developed. The on-going goals for FIP are the following:
1) Improve Client Services
2) Build Stronger Community Relationships
3) Maintain Quality Staff

These goals will be measured and monitored through the FSFN reports system, the St. Johns County Health and Human Services environmental scan, customer satisfaction surveys, collaboration with other agencies in conjunction with MOUs, and the Community Resource Center Prevention and Early Intervention Data Collection report. The goals are also measured by FIP's ability to maintain the safe reduction of children in out of home care by 50%. This goal was initially met in December 2008 and FIP was recognized and awarded for their efforts. Since December 2008, FIP has not been able to maintain the 50% reduction. FIP participated in efforts to create a Foster Care Redesign Proposal for Circuit 7.

FIP has created a Diversion Unit, staffed by a supervisor, therapist and three case managers, which is designed to address cases that are of a high risk status and to eliminate the need for court ordered intervention. The Diversion Unit consists of Intensive Family Intervention (IFI) (one case manager), Family Preservation (one case manager) and a case manager who takes on cases from both Intensive Family Intervention and Family Preservation, depending on the need. Intensive Family Intervention (IFI) works with families who are deemed to be of medium-high risk of abuse and/or neglect. Family Preservation works with families who are at high risk of abuse and/or neglect. The therapist meets with the families referred for Diversion to assess the level of risk—to determine which is more appropriate for the family: Intensive Family Intervention or Family Preservation. The therapist also provides in-home counseling for families where transportation and/or daycare is an issue. In addition to Diversion, two Prevention Specialists provide In-Home Parenting, Group Parenting Classes and provide information on the prevention of child abuse at community events.

FIP was involved with the creation of the Juvenile Drug Court and continues to fund the program in St. Johns County. FIP will fund the Court Administration position as well as the part-time Clerk of Court position. FIP has awarded a contract to EPIC Community Services to provide the substance abuse and therapeutic component of the program. The Court Administration position as well as the contract with EPIC require reporting to FIP contract manager data as it relates to the delivery of the service provision.
3. Describe how the CBC will track and report on the performance of their contract providers. Describe what data sources will be used and how the performance will be communicated to management, the Board and stakeholders.

FIP has contracts with St. Johns County Clerk of the Courts; EPIC Community Services, Inc. and the Northeast Florida Community Action Agency. FIP has entered into contracts with certain residential group homes as we began to utilize them.

Recently, the St. Johns County Health and Human Services Department developed and issued a Contract Management policy. This policy lays out the guidelines and procedures for monitoring contracts and stipulates how reviews will be conducted. The policy includes an assessment tool which identifies the service provider as high, moderate and low risk. The Contract Manager of the SJHHS finance unit has primary responsibility for assessing the performance of each contract. The Quality Assurance Unit Compliance Coordinator will also be a member of the review committee. The status of the contract reviews are discussed at the monthly CQI meeting.

The St. Johns County Health and Human Advisory Council meets monthly to advise the County Board of Commissioners in the allocation of county funds to community service providers. This meeting is facilitated and coordinated through the HHS Social Services Department. Each HHSAC board member is assign an agency as the liaison. It is anticipated that each member will become a participant on the review team.

The results of these reviews are to be reported to the Council at their monthly meeting. Each council member could then report back to the total Council as to the results of the reviews for the agency with which they are the liaison. All those in attendance at this public meeting will receive the information. This information will additionally be included in the minutes of the monthly meeting. These minutes are public records and as such are posted on the County web site.

(Note: During the past fiscal year, the HHSAC has been extremely occupied in a needs assessment and preparing and scoring Request for Proposals from the community agencies.)

4. Describe how the CBC will track and report on ongoing improvement initiatives that will still be occurring during the upcoming fiscal year. What need or performance gap is each one intended to fill, especially with respect to items 1-3 above? What evidence exists to show the initiatives will produce the desired change? For example, is there a Quality Improvement and Control (QIC) story or other systematic QI model in use that describes the initiative and tracks progress? Describe how the CBC will report the status of ongoing improvement initiatives to management, the Board, and interested stakeholders.

FIP will continue to complete monthly performance measure compliance reports, and present these reports to DCF Regional Administration and the Circuit 7 Community Alliance as requested. These reports combine data obtained from the DCF dashboard, FMHI website, and FSFN. The report outlines compliance over time for all contracted
performance measures. In addition, the report includes action plans for improvements when performance is found to be below contracted standards. These action plans include the information previously described in #1 above.

FIP will continue to utilize these approaches throughout this new fiscal year, building on what we have learned and enhancing action plans previously implemented. FIP will continue to use the case level data review approach along with the trend analysis approach. Initial utilization of these processes has led to improved outcomes in obtaining fingerprints, birth verifications, and photographs and seeing children within 30 days. We look forward to continuing to enhance this process by building upon the foundation created. In doing so, FIP will continue to review the data and participate in the collaborative monthly meetings with the Case Management Units.

Additionally, FIP has established Quality Improvement Teams designed to create learning experiences and drive system improvement. The teams responsible for reviewing performance and risk data include the St. Johns County Health and Human Services Executive Management Team, and the St. Johns County Health and Human Services Quality Assurance Unit. Additionally, the FIP Case Management Unit Supervisors Meeting shall occur monthly and may include discussions on performance data, identified opportunities for improvement, and other concerns that may arise. They evaluate data and direct decision-making to implement changes to processes at both the service and case levels. Appropriate lessons and process changes are translated into new or enhanced policies and procedures, and shared with DCF/FIP Partnership, Circuit Community Alliance, stakeholders, or other interested parties as indicators of solution-focused thinking and processing.

FIP will continue to address the short-term and long-term strategic plan goals and action plans with the St. Johns County Health and Human Services Executive Team. The FIP Quality Assurance staff also supports performance through standardized quality assurance activities to evaluate increased success and compliance. Additionally, the Quality Assurance Unit will provide technical assistance to the Quality Improvement teams, and individual case management units as necessary.

5. Describe what new performance improvement initiatives the CBC is going to undertake in the upcoming year. Describe the performance issue the initiative is meant to address, how it was selected, and how it will be managed (e.g., QIC approach?).

Quality Service Review and Scorecard Initiatives

As a result of the QSR reviews conducted during the past year and the Scorecard report by DCF, the QA unit found that all domains were at a good level. Several areas were uncovered that could benefit from renewed efforts.

Parent Contacts—Parent contacts by the DCM’s can improve in the next year. Though a deficiency statewide, due to the intimate nature of our service area, a sizeable improvement in this area should be realized. The QA team working with the FIP staff will analyze the barriers to parent contact and work to improve the
frequency of contact with them. This will enhance the emotional stability of the children and improve reunification efforts. As this is reviewed as part of the DCF scorecard, results should be seen relatively quickly

**Teaming**—Recently the state legislature has recognized what FIP and many other CBC’s have experienced numerous barriers impeding the teaming between FIP and service providers; most specifically, information sharing between the St. Johns County Board of Education staff and FIP. During the previous year, the CLS attorney has been requesting orders for FIP to be able to communicate with the schools. This communication should improve the child’s experience while in out-of-home care. The results of the QSR reviews for this area should improve.

**Critical Incident Reviews and Client Complaints**—Presently, there is no mechanism for the QA unit to review critical incidents and client complaints as a team to make quality improvement recommendations (if any). The QA unit will become a more integral part of this process during the next year. The results and recommendations will be analyzed at the monthly Continuous Quality Improvement meeting and report to the executive team.

6. **Describe how the CBC will evaluate and react as new information becomes available.** For example, analyze what is revealed about practice standards during quality assurance reviews, or by performance measure trend data, or by performance on federal outcome measures. Will the information be used to either modify ongoing improvement initiatives or start new ones? For example, if quality assurance review information provides indications of issues in a particular site or for a particular function, how will a QI initiative be defined and managed?

FIP is an agency focused on making changes and doing what is in the best interest of the children and families we serve. FIP’s quality control, quality assurance and continuous quality improvement system allows FIP to recognize and react to emerging trends at various levels within the agency. This shall be documented through the use on the internally created FIP dashboard and trend data charting system. The FIP also receives monthly data reports from our regional (e.g. Monthly Trend Report) and statewide DCF Quality Assurance units who generate additional data. A designated QA Compliance Specialist creates the “Weekly Children’s Data Chart” before the close of business each Friday. It is disseminated electronically to all the management teams and the Dependency Case Managers. This data is then posted within the FIP Office to ensure the information is readily available to FIP’s Case Management Units. FIP has worked and will continue to work closely with DCF Northeast Region. As trends are identified action plans are put in place. As stated previously in this plan, FIP reviews performance at the case level (both performance reviews and case file reviews). By looking at issues at the case level progress can be made for individual children and families served, and over time for the system as a whole. Identifying issues at the case level has lead to pinpointing problems. From this case specific information trends can be identified and action steps put in place to address both case specific and systemic issues. This approach allows for ongoing analysis of established trends, making improvements and/or updates to existing action plans if the data does not support improvement. In addition, this approach allows for the establishment of new action plans for emerging trends identified through the various levels of quality assurance.
7. If a critical life, health, or safety threat to a child is identified during any quality assurance or other review activity, how will the CBC assure that the situation is immediately addressed and corrected?

For the Review process, FIP has a system in place for ensuring critical threats to a child’s life, health or safety are addressed immediately. If the reviewer determines there is a threat to the child’s life, health or safety, the Reviewer is to immediately contact the FIP program manager or on call administrator. If the threat is imminent, the reviewer is to call 911 for assistance. If warranted, the child will be moved immediately to a safe location.

For less critical incidents, a Request for Action Form is completed and documents the unresolved concerns and case specific and demographic information. This information is documented in the Florida Safe Family Network (FSFN) and the DCF protocols are followed. Internally, the completed form is routed to the FIP Program Manager with copies to the FIP Quality Assurance Compliance Coordinator, and Dependency Case Manager Supervisor. The Case Management Unit has five days from the date the form was submitted to FIP to review and resolve the issue and respond to FIP Quality Assurance Compliance Coordinator documenting the actions taken to resolve the issue. FIP then either approves the actions taken or re-submits the form to the Case Management Unit Supervisor requesting additional information or follow-up. This process continues until the issue is satisfactorily resolved.

8. If the lead agency has completed or is working on tasks related to national accreditation, please include a brief description.

The Family Integrity Program is an agency within the St. Johns County Health and Human Services Department. The St. Johns County Health and Human Services Department was officially accredited by the Council on Accreditation in November 2008. The reaccreditation process has been initiated and is scheduled for completion in November 2012. Each manager and executive member is reviewing standards for inclusion in the “Self Study” which will be sent the COA by September 4, 2012, with the peer review scheduled for late November.